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GREEK MISSION GENEVA



PERMANENT MISSION OF GREECE TO THE UNITED NATIONS OFFICE AT GENEVA

VERY URGENT

No 6171.2/138 /AS 1611

VERBAL NOTE

The Permanent Mission of Greece to the United Nations Office at Geneva and other International Organizations in Switzerland presents its compliments to the Secretariat of the Human Rights Committee (CCPR) and has the honour to attach the list with the members of the Greek Delegation during the consideration of Greece's report by the CCPR on 19th of October 2015 (afternoon) and the 20th of October 2015 (morning) as well as the relevant Conference Registration forms for the issuing of entrance badges to both the Palais Wilson and the Palais des Nations.

The Permanent Mission of Greece to the United Nations Office at Geneva and other International Organizations in Switzerland avails itself of the opportunity to the Secretariat of the CCPR the assurances of its highest consideration.

Geneva, October 14, 2015

Secretariat of the Human Rights Committee (CCPR) Palais Wilson CH-1201 Geneva 10

Fax: 022-917 90 08

Att. p. 14

NAME	TITLE
H.E. Mr. Konstantinos Papaioannou	Head of Delegation, Secretary-General for Transparency and Human Rights, Ministry of Justice, Transparency and Human Rights
H.E. Mr. Alexandros Alexandris	Ambassador, Permanent Representative of Greece to the United Nations and Other International Organizations in Geneva
Mr. Elias Kastanas	Legal Counselor, Legal Department, Ministry of Foreign Affairs
Ms. Maria Ververidou	Expert Counselor, Office of the National Rapporteur on Trafficking in Human Beings, Ministry of Foreign Affairs
Ms. Georgia Papageorgiou	Head of the Department of European and International Cooperation, General Secretariat for Gender Equality, Ministry of Interior and Administrative Reconstruction
Ms. Maria Gavouchidou	Police Captain, Ministry of Interior and Administrative Reconstruction (Citizen Protection)
Ms. Sevastiana Kourti	Police Officer, Ministry of Interior and Administrative Reconstruction (Citizen Protection)
Ms. Evangelia Koufopanteli	Attached to the Office of the Alternate Minister of Interior and Administrative Reconstruction (Migration Policy)
Ms. Ajkaterini Toura	Member of the Department of European and International Affairs, Ministry of Education, Research and Religious Affairs
Ms. Maria Rossidi	Legal Advisor, General Secretariat for Transparency and Human Rights, Ministry of Justice, Transparency and Human Rights
Mr. Evangelos Xintaropoulos	Legal Advisor, General Secretariat for Transparency and Human Rights, Ministry of Justice, Transparency and

	Human Rights
Ms. Evangelia Zerva	Member of the Department of International Relations, Ministry of Labour, Social Security and Social Solidarity
Ms. Evangelia Pappa	Member of the Department of Coordination and Organization (Roma Issues), National Centre for Social Solidarity, Ministry of Labour, Social Security and Social Solidarity



Conference Registration Form

Date

13/10/2015

Please fax this completed form to the Host Secretariat and <u>BRING THIS ORIGINAL</u> with you to Geneva.

An additional form is required for spouses.

115th SESSION OF THE HUN	MAN RIGHTS COMMITTEE	
Delegation/Participant of Count	iry, Organisation or Agency	
GREECE	· · · · · · · · · · · · · · · · · · ·	
Participant Family Name		First Name
Mr. X PAPAIOAN	INOU	KONSTANTINOS
Mrs. Date Of Birth Ms Participation Category	07/11/1966	(DD/MM/YYYY)
Head of Delegation Member	Observer Organisation)n
Delegation Member Observer Country	NGO (ECOSOC Accred.) Other (Please specify belo	From 20/10/2015
Do vou have a badge issued as Duration conference badge issued as Duration conference badge issued as Duration conference En	sued at Geneva if so PLEASE TIC	NGO card issued in Geneva or a Long
En	nglish X French	Other
Origin of Identity Document	Passport or ID Numb	per Valld Until
Origin of Identity Document GREECE	Passport or ID Numb	Der Valld Until 15/07/2018
		
GREECE	AK2459233	15/07/2018
GREECE Official Telephone No.	AK2459233 Fax No.	15/07/2018 Official Occupation
GREECE Official Telephone No. 00302107767404 Permanent Official Address	AK2459233 Fax No. 00302107767406	15/07/2018 Official Occupation
GREECE Official Telephone No. 00302107767404 Permanent Official Address MINISTRY OF JUSTICE, T 27 ATHENS GREECE Address in Geneva	AK2459233 Fax No. 00302107767406	15/07/2018 Official Occupation SECRETARY GENERAL N RIGHTS, 96 MESSOGEION AV., 115
GREECE Official Telephone No. 00302107767404 Permanent Official Address MINISTRY OF JUSTICE, T 27 ATHENS GREECE Address in Geneva	AK2459233 Fax No. 00302107767406 RANSPARENCY AND HUMA	15/07/2018 Official Occupation SECRETARY GENERAL N RIGHTS, 96 MESSOGEION AV., 115
GREECE Official Telephone No. 00302107767404 Permanent Official Address MINISTRY OF JUSTICE, T 27 ATHENS GREECE Address in Geneva MISSION PERMANENTE	AK2459233 Fax No. 00302107767406 RANSPARENCY AND HUMA	15/07/2018 Official Occupation SECRETARY GENERAL N RIGHTS, 96 MESSOGEION AV., 115
GREECE Official Telephone No. 00302107767404 Permanent Official Address MINISTRY OF JUSTICE, T 27 ATHENS GREECE Address in Geneva MISSION PERMANENTE Email Address	AK2459233 Fax No. 00302107767406 RANSPARENCY AND HUMA	15/07/2018 Official Occupation SECRETARY GENERAL N RIGHTS, 96 MESSOGEION AV., 115

On Issue of ID Card Participant Signature	p s
	1
Date	

Participant
photograph if form is
sent in advance of the
conference date.

Please PRINT your name on the reverse side of the photograph PLIEASE NOTE
ONLY CERTAIN
CONFERENCES
REQUIRE A PHOTO,
IF YOU ARE NOT
ASKED TO
PROVIDE ONE BY
THE CONFERENCE
STAFF YOUR
CONFERENCE IS
NON PHOTO

Security Use Only

Card No. Issued



Conference Registration Form

Date

13/10/2015

Please fax this completed form to the Host Secretariat and <u>BRING THIS ORIGINAL</u> with you to Geneva.

An additional form is required for spouses.

Title of the Con	ference			
115th SESSIO	N OF THE HUMAN	N RIGHTS COMMITTI	EE	
Delegation/Part	ticipant of Country,	Organisation or Agency		
GREECE, OI	FFICE OF THE N	ATIONAL RAPPORT	EUR ON THB.	MFA
Participant	Family Name		First Name	e
Mr.			MARIA	A
Mrs.	VERYERIDOL			
Ms X Participation C	Date Of Birth		(DD/MN	M/YYYY)
Head of Dele	gation Members	Observer Organ	isation	
Delegation N	Member	NGO (ECOSOC A	cered.)	19/10/2015
Observer Co		Other (Please speci	fy below)	20/10/2015
<u>Duration co</u>	nference badge issue	d at Geneva if so PLEAS	loyee, NGO card i	ssued in Geneva or a Long
ocument Langu	age Preference Engl	ish X French	Other	
Origin of Ident	ity Document	Passport or ID	Number	Valid Until
Origin of Ident	tity Document	Passport or ID AH903580	Number	Valid Until
_			Number Official O	
GR	one No.	AH903580	Official O	
GR Official Teleph	one No. 81544	AH903580	Official O	ccupation
GR Official Teleph +30-210-366 Permanent Off	none No. BI544 Sicial Address	AH903580	Official O	ccupation
GR Official Teleph +30-210-366 Permanent Off	none No. B1544 Sicial Address HIAS AVE 10671	AH903580 Fax No.	Official O	ccupation
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GR Official Teleph +30-210-360 Permanent Off 1 VAS SOP Address in Ger MISSION 1 Email Address	none No. B1544 Sicial Address HIAS AVE 10671 Aneva PERMANENTE D	AH903580 Fax No. ATHENS GREECE	Official O	ccupation
GR Official Teleph +30-210-36 Permanent Off 1 VAS SOP Address in Ger MISSION I Email Address ververidou.ma	none No. B1544 Sicial Address HIAS AVE 10671 Aneva PERMANENTE D	Participant photograph if form is sent in advance of the conference date.	PLEASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO	Security Use Only Card N°. Issued
GR Official Teleph +30-210-36 Permanent Off 1 VAS SOP Address in Ger MISSION I Email Address ververidou.ma On Issue Participat	one No. B1544 ficial Address HIAS AVE 10671 A DEVA PERMANENTE D ria@mfa.gr	Participant photograph if form is sent in advance of the	Official O EXPER DU LEMAN PLEASE NOTE ONLY CERTAIN CONFERENCES	Security Use Only Card No. Issued Initials, UN Official



Conference Registration Form

13/10/2015

Please fax this completed form to the Host Secretariat and BRING THIS ORIGINAL with you to Geneva. An additional form is required for spouses.

Title of the Conference	ce			
115th SESSION OF	THE HUMAN	RIGHTS COMMITTEE		
Delegation/Participan	it of Country, C	rganisation or Agency		
GREECE				
Participant Fami	ily Name		First Name	
Mr.	GAVO	JCHIDOU	MARIA	
Mrs. X Ms Participation Categor		28/04/1984	(DD/MM/	YYYY)
Head of Delegation	n Members	Observer Organisatio	n	
Delegation Memb		NGO (ECOSOC Accred.) Other (Please specify belo	From	20/10/2015
	ce badge issued	lission diplomat or employee, at Geneva if so PLEASE TIC		ued in Geneva or a Long
Origin of Identity Do		Passport or ID Numl	l	Valid Until
GREEK		AI1506188		21/12/2016
Official Telephone No	o. F	ax No.	Official Occ	upation
+302106977466		+302106977811	POLICE	CAPTAIN
Permanent Official A	ddress			
4, P. KANELLOP Address in Geneva MISSION PERM		LA GRECE, 4, RUE DU	LEMAN	
Email Address m.gavouchidou@asty	nomia.gr			
On Issue of I	D Card	Participant photograph if form is	1.£ASE NOTE	Security Use Only

On Issue of ID Card Participant Signature	Participant photograph if form is sent in advance of the
	conference date. Please PRINT your name on the reverse
Date	side of the photograph

ONLY CERTAIN CONFERENCES REQUIRE A PHOTO, IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS NON PHOTO

Card No. Issued



Conference Registration Form

13/10/2015

Please fax this completed form to the Host Secretariat and BRING THIS ORIGINAL with you to Geneva. An additional form is required for spouses.

Title of the Conference		
115th SESSION OF THE HUMA	N RIGHTS COMMITTEE	
Delegation/Participant of Country	Organisation or Agency	
GREECE		
Participant Family Name		First Name
	FOPANTELI	EVANGELIA
Mrs. Date Of Birth Participation Category	08/08/1976	(DD/MM/YYYY)
Head of Delegation Members	Observer Organisation	
Delegation Member Observer Country	X NGO (ECOSOC Accred.) Other (Please specify below	19/10/2015 From 20/10/2015 Until
Do you have a badge issued as a Duration conference badge issue	d at Geneva if so PLEASE TICE	NGO card issued in Geneva or a Long K HERE Other
Origin of Identity Document	Passport or ID Number	er Valid Until
GREECE	AZ 943715	
Official Telephone No.	Fax No.	Official Occupation
+30 6956767619	+30 213 136 4418	Associate at deputy ministers office
Permanent Official Address		
2 Dragatsaniou street, 1018	33 Athens, Greece	
Address in Geneva MISSION PERMANENTE D	E LA CRECE 4 DUE DOLL	EMAN
Email Address e.koufopanteli@ypes.gr	~ CA CRECE, 4, ROE DO L	MENTAL
On Issue of ID Card Participant Signature		EASE NOTE LY CERTAIN Security Use Only

On Issue of ID Card Participant Signature
Date

conference date.

Please PRINT your name on the reverse side of the photograph

CONFERENCES REQUIRE A PHOTO, IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR CONFERENCE IS

Card No. Issued



Conference Registration Form

Date

13/10/2015

Please fax this completed form to the Host Secretariat and <u>BRING THIS ORIGINAL</u> with you to Geneva.

An additional form is required for spouses.

115th SESSION	erence			
- 12 OEBBION	OF THE HUMAN RIC	THTS COMMITTEE		
Delegation/Partle	cipant of Country, Orga	nisation or Agency		
GREECE				
Participant !	Family Name		First Name	
Mr.	ROSSIDI		MARIA	
Mrs. X Ms Participation Car	Date Of Birth tegory 04/04	/1977	(DD/MN	1/YYYY)
Head of Delega	ation Members	Observer Organisation	n	
Delegation Mo		NGO (ECOSOC Accred.) Other (Picase specify below		19/10/2015 om 20/10/2015
conference bad,	badge issued as a Mission ge issued at Geneva if so l	diplomat or employee, NG PLEASE TICK HERE X French	O card issue	d in Geneva or a Long Durat
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GREECE		AK 079465		INDEFINITE
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Official Telephon	ie No. Fax No	0.	Official Oc	cupation
0030 210 7790	6452 003	0 210 7767406	Official Oc	cupation ADVISOR
0030 210 7790 Permanent Offici MINISTRY O 27 ATHENS Address in Genev	6452 003 ial Address F JUSTICE, TRANSPA GREECE	0 210 7767406	LEGAL N RIGHTS,	-
Permanent Offici MINISTRY O 27 ATHENS Address in Genev	6452 003 ial Address F JUSTICE, TRANSPA GREECE VA RMANENTE DE LA	0 210 7767406 ARENCY AND HUMAN	LEGAL N RIGHTS,	ADVISOR

On Issue of ID Card
Participant Signature
Date

Participant photograph if form is sent in advance of the conference date.

Please PRINT your name on the reverse side of the photograph PLEASE NOTE ONLY CERTAIN CONFERENC ES REQUIRE A PHOTO, IF YOU ARE

Security Use Only

Card No. Issued



Conference Registration Form

Date

13/10/2015

Please fax this completed form to the Host Secretariat and <u>BRING THIS ORIGINAL</u> with you to Geneva.

An additional form is required for spouses.

Title of the Conference	
115th SESSION OF THE HUMAN RIGHTS	COMMITTEE
Delegation/Participant of Country, Organisation	on or Agency
GREECE	
Participant Family Name	First Name
Mr. ZERVA	EVANGELIA
Mrs. Ms X Participation Category Date Of Birth 29/07/19	979 (DD/MM/YYYY)
Head of Delegation Members Obse	erver Organisation
Delegation Member X NGC	D (ECOSOC Accred.) 19/10/2015
Observer Country Othe	er (Please specify below) Until
Duration conference badge issued at Geneva	lomat or employee, NGO card issued in Geneva or a Long if so PLEASE TICK HERE
Document Language Preference English X	French Other
Origin of Identity Document P.	assport or ID Number Valid Until
 	AI 0993134 Valid Until 14/ 11/ 2016
 	
GREECE Official Telephone No. Fax No.	AI 0993134 14/ 11/ 2016
GREECE Official Telephone No. Fax No.	AI 0993134 14/ 11/ 2016 Official Occupation
GREECE Official Telephone No. Fax No. 0030 213 1516386 0030 210	AI 0993134 14/ 11/ 2016 Official Occupation
GREECE Official Telephone No. Fax No. 0030 213 1516386 0030 210 Permanent Official Address 29 Stadiou, str., 101 10, Athens, Greece Address in Geneva	Official Occupation OS295422 Government Official
GREECE Official Telephone No. Fax No. 0030 213 1516386 0030 210 Permanent Official Address 29 Stadiou, str., 101 10, Athens, Greece Address in Geneva MISSION PERMANENTE DE LA GRE	Official Occupation OS295422 Government Official
GREECE Official Telephone No. Fax No. 0030 213 1516386 0030 210 Permanent Official Address 29 Stadiou, str., 101 10, Athens, Greece Address in Geneva	Official Occupation OS295422 Government Official
GREECE Official Telephone No. Fax No. 0030 213 1516386 0030 210 Permanent Official Address 29 Stadiou, str., 101 10, Athens, Greece Address in Geneva MISSION PERMANENTE DE LA GRE Email Address	Official Occupation OS295422 Government Official
Official Telephone No. Fax No. 0030 213 1516386 0030 210 Permanent Official Address 29 Stadiou, str., 101 10, Athens, Greece Address in Geneva MISSION PERMANENTE DE LA GRE Email Address ezerva@ypakp.gr On Issue of ID Card Participant Signature Parti in advessent in advessent in advessent in advessent in advessent in advessent in adventing adventicipant Signature	Official Occupation O5295422 Government Official CCE, 4, RUE DU LEMAN Clipant this form is PLEASE NOTE ONLY CERTAIN PLEASE NOTE ONLY CERTAIN Security Use Only
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Conference Registration Form

13/10/2015

Please fax this completed form to the Host Secretariat and BRING THIS ORIGINAL with you to Geneva. An additional form is required for spouses,

Title of the Conference					
115 th S	115 th SESSION OF THE HUMAN RIGHTS COMMITTEE				
Delegation/Parti	cipant of Country,	Organisation or Agency			
GREECE		<u> </u>			
Participant	Family Name		First Name		
Mr. X	KASTANAS		ELIAS		
Mrs, Ms Participation Ca	Date Of Birth tegory	15 / 04/1967	(DD/MM/Y	/YYY)	
	Head of Delegation Members Observer Organisation Delegation Member X NGO (ECOSOC Accred.)				
Observer Cou	Observer Country Other (Please specify below) Until				
Duration conf	Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE				
Occument Languag	ge Preference Eng	lish X French	Other		
Origin of Identit	y Document	Passport or ID N	umber V	alid Untll	
PASSPORT	PASSPORT XB0533571 19/12/2016				
Official Telephor	Official Telephone No. Fax No. Official Occupation				
00302103683	619	00302103681717	LEGAL D	EPARTMENT, MFA	
Permanent Offic	Permanent Official Address				
10, ZALOKO	10, ZALOKOSTA STR., 10671, ATHENS, GREECE				
Address in Geneva					
MISSION PERMANENTE DE LA GRECE, 4, RUE DU LEMAN					
Email Address kastanas@mfa.gr					
On Issue (of ID Card Signature	Participant photograph if form is sent in advance of the conference date.	PLHASE NOTE ONLY CERTAIN CONFERENCES REQUIRE A PHOTO,	Security Use Only Card No. Issued	
Dat	te	Please PRINT your name on the reverse side of the photograph	IF YOU ARE NOT ASKED TO PROVIDE ONE BY THE CONFERENCE STAFF YOUR	Initials, UN Official	

CONFERENCE IS NON PHOTO



Conference Registration Form

Date

13/10/2015

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Title of the Conference					
115th SESSION OF THE HUMAN RIGHTS COMMITTEE					
Delegation/Participant of Country,	Organisation or Agency				
GREECE					
Participant Family Name First Name					
Mr. Papag	georgiou	Georgia			
Mrs. X Date Of Birth 01/01/1976 Participation Category (DD/MM/YYYY)					
Head of Delegation Members Observer Organisation					
Delegation Member	X NGO (ECOSOC Acer		19/10/2015		
Observer Country	Other (Please specify i	pelow) From Until	20/10/2015		
Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE					
Document Language Preference English x French Other					
Origin of Identity Document Passport or ID Number Valid Until					
Origin of Identity Document	Passport or ID Nu	ımber Va	lid Until		
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<u> </u>	 -	Official Occupa			
Greece	AM 116520	Official Occupa	ntion Dartment in General		
Greece Official Telephone No.	AM 116520 Fax No.	Official Occupa Head of Dep Secretariat	ition		
Greece Official Telephone No. 00302131511156	AM 116520 Fax No. 00302103231316	Official Occupa Head of Dep Secretariat	ntion partment in General for Gender Equality,		
Greece Official Telephone No. 00302131511156 Permanent Official Address	AM 116520 Fax No. 00302103231316	Official Occupa Head of Dep Secretariat	ntion partment in General for Gender Equality,		
Greece Official Telephone No. 00302131511156 Permanent Official Address 8, Dragatsaniou str. Athens, 10	AM 116520 Fax No. 00302103231316	Official Occupa Head of Dep Secretariat Hellenic Mi	ntion partment in General for Gender Equality,		
Greece Official Telephone No. 00302131511156 Permanent Official Address 8, Dragatsaniou str. Athens, 10 Address in Geneva	AM 116520 Fax No. 00302103231316	Official Occupa Head of Dep Secretariat Hellenic Mi	ntion partment in General for Gender Equality,		
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Official Telephone No. 00302131511156 Permanent Official Address 8, Dragatsaniou str. Athens, 10 Address in Geneva MISSION PERMANENTE I Email Address geopapag@isotita.gr	Participant photograph If form is sent in advance of the conference date.	Official Occupa Head of Dep Secretariat Hellenic Mis PLEMAN PLEMAN	Security Use Only		
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Conference Registration Form

Date

13/10/2015	

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An additional form is required for spouses.

Title of the Conference	
115th SESSION OF THE HUMAN RIGHTS COMMITTEE	
Delegation/Participant of Country, Organisation or Agency	
GREECE	
Participant Family Name	First Name
Mrs. Date Of Birth Participation Category	SEVASTIANA
Head of Delegation Members Observer Organis	ation
Delegation Member X NGO (ECOSOC Acc Observer Country Other (Please specify	From 20/10/2015
Do you have a badge issued as a Mission diplomat or emplo Duration conference badge issued at Geneva if so PLEASE Document Language Preference English French	yee, NGO card issued in Geneva or a Long TICK HERE Other
Duration conference badge issued at Geneva if so PLEASE	Other
Origin of Identity Document Duration conference badge issued at Geneva if so PLEASE English French Passport or 1D N	Other Valid Until
Duration conference badge issued at Geneva if so PLEASE Document Language Preference English Origin of Identity Document Passport or 1D N (2) (3)	Other Valid Until
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On Issue of ID Card
Participant Signature
Date
(3/10/2015)

Participant
photograph if form is
sent in advance of the
conference date.

Please PRINT your name on the reverse side of the photograph PLEASE NOTE
ONLY CERTAIN
CONFERENCES
REQUIRE A PHOTO,
IF YOU ARE NOT
ASKED TO
PROVIDE ONE BY
THE CONFERENCE
STAFF YOUR
CONFERENCE IS
NON PHOTO

Security Use Only

Card No. Issued



Conference Registration Form

13/10/2015

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Title of the Confere	ence 				
115 th SESSION O	115th SESSION OF THE HUMAN RIGHTS COMMITTEE				
Delegation/Particip	pant of Country,	Organisation or Agency			
GREECE				<u> </u>	
Participant Fa	articipant Family Name		First Name	First Name	
Mr.			AIKATER	INI	
Mrs. Date Of Birth 27/02/1975 Participation Category			(DD/MM/Y	YYY)	
Head of Delegat	ion Members	Observer Organisati	on		
Delegation Member X NGO (ECOSOC Accred.)		i.)From	19/10/2015		
Observer Country Other (Please specify below) Until			20/10/2015		
Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Duration conference badge issued at Geneva if so PLEASE TICK HERE Document Language Preference English X French Other					
on the court of	_				
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GRC Official Telephone	No.	AI2468747 Fax No.	Official Occup	11 March 2017	
GRC Official Telephone 0030210344314 Permanent Officia	No. 49	AI2468747 Fax No.	Official Occup	11 March 2017	
Official Telephone 0030210344314 Permanent Officia AND. PAPANI	No. 49 Address DREOU STR, 1:	AI2468747 Fax No. 00302103442365 51 80 MAROUSSI, ATTIK	Official Occup	11 March 2017	
Official Telephone 0030210344314 Permanent Officia AND. PAPANI	No. 49 Al Address DREOU STR, 1: ARMANENTE D	AI2468747 Fax No. 00302103442365	Official Occup	11 March 2017	
GRC Official Telephone 0030210344314 Permanent Official AND. PAPANI Address in Geneva MISSION PEI Email Address	No. 49 Al Address DREOU STR, 1: ARMANENTE D	AI2468747 Fax No. 00302103442365 51 80 MAROUSSI, ATTIK	Official Occup	11 March 2017	

name on the reverse

side of the

photograph

Date

PROVIDE ONE, BY

THE CONFERENCE

STAFF YOUR CONFERENCE IS NON PHOTO



Conference Registration Form

Date

13/10/2015

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An additional form is required for spouses.

Title of the Conf	erence		<u> </u>		
115th SESSION	OF THE HUMAN R	LIGHTS COMMITTEE			
Delegation/Parti	cipant of Country, Or	ganisation or Agency	<u> </u>	-	
GREECE		<u>.</u>			
Participant	Family Name		First Name		
Mr. X	XINTAROPOUL	os 	Evangelos		
Mrs. Ms Participation Ca		7/07/1982	(DD/MM/YYYY)	 1	
Head of Deleg	gation Members	Observer Organisatio	19/10/2015		
Delegation M Observer Co	_	Other (Please specify belo	From 20/10/2015		
Do you have a conference ba	Do you have a badge issued as a Mission diplomat or employee, NGO card issued in Geneva or a Long Durat conference badge issued at Geneva if so PLEASE TICK HERE				
Document Langua	age Preference Englis	h X French	Other		
Origin of Ident	ity Document	Passport or ID Numb	aber Valid Until		
Hellenic Re	public	AK 1391923	15/02/2018]	
Official Teleph	one No. Fa	ıx No.	Official Occupation		
0030 210 77	67 404	0030 210 77 67 406	Attorney at Law		
Permanent Off	ficial Address				
Ministry of	Justice, Transparency	and Human Rights / 96, M	Mesogeion ave, 11572 Athens, Greece		
Address in Geneva MISSION PERMANENTE DE LA GRECE, 4, RUE DU LEMAN					
Email Address exintaropoulos@justice.gov.gr					
	e of ID Card	sent in advance of the conference datc. Please PRINT your	LEASE IOTE ONLY ERTAIN CONFERENC S REQUIRE Security Use Or Card N°. Issued Initials, UN Official	nly	

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Date

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YOU ARE



Conference Registration Form

Date

13/10/2015

Please fax this completed form to the Host Secretariat and <u>BRING THIS ORIGINAL</u> with you to Geneva.

An additional form is required for spouses.

Title of the Conference				
115th SESSION OF THE HUMA	N RIGHTS COMMITTEE			
Delegation/Participant of Country,				
GREECE	O. Balliagrandi de Lebenda			
Participant Family Name	<u> </u>	First Name		
PAPP.		EVANGELIA		
Mr.				
Mrs. Date Of Birth Participation Category	01/04/1974	(DD/MM/YYYY)		
Head of Delegation Members	Observer Organisatio	n		
Г Г	X NGO (ECOSOC Accred)	19/10/2015		
Delegation Member	NGO (ECOSOC Accred.)	From 20/10/2015		
Observer Country	Other (Please specify belo			
Duration conference badge issue	<u> </u>	Other		
Origin of Identity Document	Passport or ID Num	ber Valid Until		
ID	AB852529	Indefinite		
Official Telephone No.	Fax No.	Official Occupation		
+302132039750	+302132039745	Public Servant		
Permanent Official Address				
Vassilisis Sofias 135 & Zacharof, Ampelokipi, Athens, 11521				
Address in Geneva MISSION PERMANENTE DE LA GRECE. 4, RUE DU LEMAN				
	DE LA GRECE. 4, RUE DU	LEMAN		
Email Address ereuna.pappa@ekka.org.gr				
On Issue of ID Card Participant Signature	scut in advance of the conference date.	PLEASE NOTE ONLY CERTAIN CONFERENCES OUTRE A PHOTO, F YOU ARE NOT ASKED TO		

name on the reverse

side of the

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Date

PROVIDE ONE BY

THE CONFERENCE

STAFF YOUR

CONFERENCE IS